

Exhibit 10-1
Housing Opportunities for Persons With AIDS
(HOPWA) Program

6509.2 REV-5

Guide for Review of HOPWA Housing Planning and Rent Subsidies			
Name of Program Participant:			
Staff Consulted:			
Program Year Under Review:			
Name(s) of Reviewer(s):		Date:	

NOTE: All questions that address requirements contain the citation for the source of the requirement (statute, regulation, NOFA, or grant agreement). If the requirement is not met, HUD must make a finding of noncompliance. All other questions (questions that do not contain the citation for the requirement) do not address requirements, but are included to assist the reviewer in understanding the participant's program more fully and/or to identify issues that, if not properly addressed, could result in deficient performance. Negative conclusions to these questions may result in a "concern" being raised, but not a "**finding.**"

Instructions: This Exhibit is designed to monitor both the eligibility of the clients being served and the eligibility of grant expenditures (see 24 CFR 574.530, "Record keeping"). Costs must be for actual, incurred costs that are determined reasonable. The Exhibit is divided into five sections: Housing Needs Plans and Client Assessments; Short-Term Rent, Mortgage and Utility Programs; Rental Assistance Programs; Related Support; and Reporting.

Questions:

A. HOUSING NEEDS PLANS AND CLIENT ASSESSMENTS

1.

Are the housing activities provided within program participant's service area consistent with the housing needs described in the HUD-approved Consolidated Plan? [24 CFR 574.120 and 24 CFR 574.130]	<input style="width: 20px; height: 20px;" type="checkbox"/> Yes	<input style="width: 20px; height: 20px;" type="checkbox"/> No
Describe Basis for Conclusion: <div style="height: 150px; border: 1px solid black;"></div>		

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2.

Are the housing activities undertaken during the period being reviewed consistent with the applicable Consolidated Plan of the jurisdiction within the Eligible Metropolitan Statistical Area (EMSA) or service area? [24 CFR 574.120 and 24 CFR 574.420]	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Basis for Conclusion: <div style="height: 80px; border: 1px solid black;"></div>	

3.

a. Does the program participant require project sponsors to conduct client housing needs assessments (such as client intake procedures, housing case management or other efforts) which serve to direct the type of housing assistance provided from HOPWA or other sources? [24 CFR 574.500(b)(2)]	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Basis for Conclusion: <div style="height: 80px; border: 1px solid black;"></div>	
b. If the answer to “a” above is “yes,” are these client assessments of the appropriateness of the housing support on going, e.g., at least annually? [24 CFR 574.500(b)(2)]	<input type="checkbox"/> Yes <input type="checkbox"/> No
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4.

Does the program participant conduct monitoring, training or other efforts to ensure that project sponsors have the capacity to both carry out rental assistance and short-term rent, mortgage and utility (STRMU) payment programs <i>and</i> to conduct on-going (at least annual) client housing needs assessments? [24 CFR 574.410 and 500(b)(2)]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe Basis for Conclusion: 		

5.

Is there evidence to support that the program participant has established written procedures and staff training efforts regarding confidentiality and physical security for client records and the addresses/locations of any leased projects? [24 CFR 574.440]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe Basis for Conclusion: 		

6.

Do the client files reviewed contain medical documentation confirming client HIV/AIDS status? [24 CFR 574.3, "Eligible Person"]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe Basis for Conclusion: 		

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7.

a. Are there verifications of household family income and/or employment in client files? [24 CFR 574.3, "Eligible Person and Family" and 24 CFR 574.310(d)]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe Basis for Conclusion: <div style="height: 100px; border: 1px solid black;"></div>		

b. If the answer to "a" above is "no," do the files reviewed contain "self-declarations of no income or employment" by the clients and the resident families? [24 CFR 574.3, "Eligible Person and Family," and 24 CFR 574.310(d)]	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Describe Basis for Conclusion: <div style="height: 100px; border: 1px solid black;"></div>			

8.

Is there documentation that lists the number of persons living in the households or families at the time HOPWA assistance was provided? [24 CFR 574.3, "Eligible Person and Family"]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe Basis for Conclusion: <div style="height: 100px; border: 1px solid black;"></div>		

9.

<p>Does the program participant have agreements with project sponsors for the use of a standard grant-wide tracking method for short-term rent, mortgage and utility assistance (STRMU) so that the time limitations are consistently and accurately enforced? [24 CFR 574.330 and 24 CFR 574.500]</p>	<div> <input type="checkbox"/> <input type="checkbox"/> </div> <div> Yes No </div>
<p>Describe Basis for Conclusion:</p>	

10.

In providing STRMU payments, does the program participant demonstrate a “good faith effort” to provide opportunities for placement in permanent housing for clients receiving short-term assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe Basis for Conclusion:		

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11.

If HOPWA funds support a STRMU program, does the project sponsor comply with the time limits (21 weeks in any 52 week period) in providing this assistance? [24 CFR 574.330]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Describe Basis for Conclusion: 	

12.

If HOPWA funds support a STRMU program, does the project sponsor comply with the requirements for case management services and opportunity for placement in permanent housing? [24 CFR 574.330]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Describe Basis for Conclusion: 	

C. RENTAL ASSISTANCE PROGRAMS

13.

Does the program participant have a method of tracking client eligibility and the amount of rental assistance provided through annual income re-certifications and resident rent payment determinations? [24 CFR 574.310, 24 CFR 574.320, 24 CFR 574.500(b)(2)]	<input type="checkbox"/> Yes <input type="checkbox"/> No
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14.

<p>Based on a sample review of client files, do records document that the <i>resident rent payments</i> charged (to the beneficiary) and the HOPWA subsidy payments, based on fair market rents or reasonable rents, were calculated as required? [24 CFR 574.310 (d)]</p>	<div style="display: flex; justify-content: space-around;"><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div>
<p>Describe Basis for Conclusion:</p> <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>	

15.

<p>Are rental assistance projects charging participant rents as the only participant fee? [24 CFR 574.310(d), 24 CFR 574.320 and 24 CFR 574.430]</p>	<div style="display: flex; justify-content: space-around;"><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div>
<p>Describe Basis for Conclusion:</p> <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>	

16.

<p>For rental assistance programs, are the participant rents being charged in amounts that are accurately calculated with adequate documentation in client files? [24 CFR 574.310(d) and 24 CFR 574.320]</p>	<div style="display: flex; justify-content: space-around;"><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div>
<p>Describe Basis for Conclusion:</p> <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>	

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17.

For rental assistance programs, do the rent records indicate that beneficiaries' incomes are re-examined at least annually? [24 CFR 574.310(d) and 24 CFR 574.320]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe Basis for Conclusion: 		

18.

For projects using funds to lease scattered site units, review: <ul style="list-style-type: none"> records showing the amount of monthly/yearly rent, documentation showing comparable rents in the area, and applicable resident rent payments for the households assisted. If individual housing units are being leased with HOPWA funds, are resident rent payments determined and collected as the clients' contributions toward rent, or used in determining the lease payment from HOPWA funds? [24 CFR 574.310(d) and 24 CFR 574.320]	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Describe Basis for Conclusion: 			

19.

Do program participant or project sponsor files verify that housing habitability standards inspections are being made in connection with providing rental assistance? [24 CFR 574.310(b)]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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20.

Is the program participant following requirements for client terminations? (Request its policy guide on terminations or, if no written instructions are available, interview staff regarding how terminations are handled. Request and review a terminated participant's file for consistency with the current policy or procedure used for terminations.) [24 CFR 574.310(e)]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe Basis for Conclusion:		

D. RELATED SUPPORT

21.

In reviewing client files to determine if health services are provided in connection with the rental subsidy program, do the program participant and project sponsor(s) have a verifiable means of assuring that: <ul style="list-style-type: none">• a payment is of last resort for any item or service reasonably expected to be made from another source;• the payment is an approved project activity, and• it complies with the grant agreement provision on the restricted use of HOPWA funds for AIDS drugs assistance and other health care costs? [24 CFR 574.310(a) and 24 CFR 574.500(b)]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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E. REPORTING

22.

Does the program participant submit annual performance reports to HUD which report on actual housing outputs for households receiving rental assistance STRMU payments during the operating year being reviewed (in terms of the number of households/units of housing)? [24 CFR 574.520]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe Basis for Conclusion: <div style="height: 150px; border: 1px solid black;"></div>		

23.

For rental assistance and STRMU:			
a. <u>For the formula program participant:</u> Is the Consolidated Annual Performance and Evaluation Report (CAPER) submitted to HUD accurate, complete, and consistent with the information reviewed during the monitoring? [24 CFR 574.520]	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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24.

25.

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